



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/10/2006

Business ID: 266481

William M. Gardner

Secretary of State

NCOMM OF NEW HAMPSHIRE, INC.

254 N BROADWAY STE 106

SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

254 N BROADWAY STE 106

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

MATERN, WILLIAM T.

9 SOUTH MAIN STREET

NEWTON, NH 03858

ENTITY TYPE: CORPORATION

BUSINESS ID: 266481

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 043352082

INTRO, OPERATE, CONDUCT, MNG, MAINT, ETC COM- MUNICATIONS  
SOFTWARE HARDWARE DESIGN CO

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address ONE NORTHWESTERN DR SUITE 201, SALEM, NH 03079

☒ The new principal office address ONE NORTHWESTERN DRIVE SUITE 201, SALEM, NH 03079

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Amy K. Leach  
STREET ONE NORTHWESTERN DR, SUITE 201

CITY/STATE/ZIP Salem NH 03079

PRES. William T. Matern  
STREET ONE NORTHWESTERN DR, SUITE 201

CITY/STATE/ZIP Salem NH 03079

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. William T. Matern  
STREET ONE NORTHWESTERN DR, SUITE 201

CITY/STATE/ZIP Salem NH 03079

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: AMY K LEACH

Please print name and title of signer: AMY K LEACH / TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): .....



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529